

## Amber Healthcare Personnel Limited

# Amber Healthcare

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an announced inspection of Amber Healthcare on 6 and 10 July 2017. We told the provider two days before our visit that we would be coming. Amber Healthcare provides personal care services to people in their own homes. At the time of our inspection 66 people were being supported with personal care from the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's care records did not always contain up to date and accurate information to enable staff to mitigate the risks associated with people's care. People received their medicines as prescribed. However, staff responsible for the administration of medicines were not always up to date with their medicine training and had not always had their competencies checked.

The service was responsive to people's changing needs. However, people's care needs were not always reassessed following significant changes in their circumstances.

There were systems in place to monitor the quality of the service. However, these systems were not always effective. Accidents and incidents were not always reported in line with the provider's policies and procedures.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People benefitted from caring relationships with staff who had a caring approach to their work.

Staff spoke positively about the support they received from the management team. Staff had access to effective supervision. Staff and the provider shared the visions and values of the service.

The service sought people's views and opinions. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

Where people needed support with eating and drinking they were supported effectively. People were

supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People's risk assessments did not always include guidance for staff to mitigate the risks associated with people's care.

Staff responsible for the administration of medicines had not always had their competencies checked.

People and their families told us they felt safe.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's care needs was not always reassessed following changes in their circumstances.

Staff understood people's needs and preferences.

The service responded to people's changing needs.

**Is the service well-led?**

The service was not always well led.

The systems in place to monitor the quality of the service were not always effective.

Accidents and incidents were not always reported in line with the provider's policies and procedures.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

**Requires Improvement** 

# Amber Healthcare

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 10 July 2017 and was an announced inspection. We told the provider three days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with 13 people, three relatives, six care staff, the service manager, two care coordinators and the provider. We looked at seven people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

# Is the service safe?

## Our findings

Some people's care plans contained risk assessments which included environmental risks within people's homes. However, we saw that not everyone had risk assessments associated with their personal care needs. For example, one assessment stated 'I have had quite a few falls at home lately'. We spoke with the care coordinators about this person and they informed us that the person was at risk of falls. The manager told us "[Person] is at high risk of falls". However, this person's care records did not contain any guidance on how to mitigate the risks of falls.

Two people's care records highlighted that they used walking aids and that they were at high risk of falls. Another person had been identified as being at high risk of pressure damage. However, risk assessments did not include guidance for staff to mitigate the risks associated with falls or pressure damage.

Due to these inconsistencies surrounding the management of risks associated with people's care we could not be satisfied the risks to people were managed appropriately and staff had access to up to date guidance to enable them to support people safely.

Two staff members responsible for supporting people with their medicine had not completed their medication refresher training. One staff member's training record evidenced that they were 58 days overdue, the other staff members training records demonstrated they were 49 days overdue. We noted that during this period when the staff members were not up to date with their training they had been supporting people with their medicines. This was not in line with the provider's policy which stated 'No circumstances should you proceed with the activity until you have received appropriate training'. Records also confirmed that these staff members had not had their competencies checked in relation to administering medication. This is not in line with national guidelines in relation to training and competency checks for 'managing medicines for adults receiving social care in the community'.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider gave assurances that these concerns would be addressed and demonstrated that one staff member had completed their medication training prior to the second day of the inspection.

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. People told us they received their medicines as prescribed. Comments included; "Always get my medication in the morning, midday and evening. After I have taken them, they sign the medicine sheet", "The carer always pops my medicine from the packets into a little cup and then gives it to me to take. They always sign that they have been given", "Carer always asked me if I had taken my medicine" and "They always make sure I get the right tablets on time and the carer always signs the book".

People told us they felt safe. Comments included; "No concerns at all, feel entirely safe with them", "Carers very good, Always friendly and helpful", "They have excellent staff", "Cannot fault any of them. If I had an

issue I would speak to the office staff" and "Carers very good". A relative we spoke with told us "There has never been an issue, both of them feel safe with the care they are getting". Another relative said "Not unhappy with the way mum is being treated. No complaints or concerns".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns they would report them to the registered manager. One staff member told us "If I had any concerns whatsoever then I would inform my manager straight away". Another staff member said "I would take my concerns straight to my line manager". Staff were aware they could report externally if needed. Comments included; "I would report it to CQC (Care Quality Commission)", "I would report it to social services" and "If it was an immediate concern that I would consider calling the police".

The service had an electronic telephone monitoring system to manage care visits. The system enabled staff to log in and out of people's homes and alerted the service if staff were late. Staffing rotas confirmed there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. Comments included; "Always have regular staff visits", "Always have the same carers over the week, sent a sheet which always tells me who's coming. They all know how I like things done", "Never had a missed appointment, carer always punctual, within five minutes of the scheduled time", "Always get a sheet to tell whose coming and what time. Never had a missed visit" and "I always get a schedule on Saturday with details of the time and the carer who will be attending". A relative we spoke with told us, "Most of the time they have the same staff. (Staff) tries to get the same people for them. Dad likes them, he feels they do a good job with him and he can chat to them". Another relative said "Really appreciate having the same male carer coming five days a week." One staff member told us "I don't have any concerns with staffing".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.



# Is the service effective?

## Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included; "Yes definitely meet my requirements. It all works very well", "Yes, definitely meet my needs. They always get me up and dressed and give me the help I need", "When the carer first came I just told them I would like things done this way and they are now familiar with the routine" and "They are here for 30 mins each time and do everything they need to do for me". A relative told us, "My parent's needs are met, quite content with the service the carers provide. The carers do everything they need done for them". Another relative said "He has had a regular carer five days of the week for quite a while, and they are familiar with the routine of care".

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us "The induction was good".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; moving and handling, dementia, health and safety, MCA, safeguarding, first aid and infection control. Staff told us that the training supported them in their roles. Comments included; "The training is good, it keeps you informed and up to date", "I really like the training we get" and "The training on manual handling was really useful".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us "I have done my NVQ level two".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us "Just because a person lacks capacity in one thing, does not mean they lack capacity in everything".

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "It's there to protect people that lack capacity to make safe decisions", "The act is there to protect vulnerable people", "We must never assume someone lacks capacity. This is a key principle" and "It's all about consent. We are not there to just do things without people's consent. People have rights and these rights need to be respected".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A

supervision is a one to one meeting with their line manager. Staff were able to raise issues and make suggestions at supervision meetings. Staff comments included; "I have felt really supported here", "We have supervision. We talk about the job, clients, training and how things are going", "Supervisions are regular" and "We talk about our clients, if there are any problems and our practice".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. One staff member told us "We have spot checks to see if we are wearing our uniform, if we are using protective clothing and to see how we are engaging with the clients. They give us feedback straight away and tell us if everything is O.K. or what we need to improve on".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. Comments included; "They prepare my breakfast before they leave me. I always choose what I want to eat", "They prepare me a microwave meal and put it on a plate for me. Always get plenty of cups of tea" and "They always ask what I would like to have out of the freezer. They heat it up in the microwave and serve it on a plate. They always make a sandwich for me in the evening and I just let them know what I would like".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

# Is the service caring?

## Our findings

People told us they benefitted from caring relationships with staff. Comments included; "Carers are very patient with me", "Normally very good", "Absolutely, one of the most caring person I have ever met. Credit to the company, very kind", "Carers are very caring, I never feel rushed" and "Friendly without being over familiar, attentive without being overbearing, always listen to what is asked and treat me as a person".

People told us staff were friendly, polite and respectful when providing support. One person told us "They are quite polite, always jolly". Another person said "Carer is quite friendly and helpful". Two relatives we spoke with told us "Very personable carers. Very polite, respectful, very nice people. Take a real interest in their clients" and "Carers have a good balance of professionalism, kindness and patience".

People told us they were treated with dignity and respect. One person told us "At all times my carer is respectful and always asks my opinion before doing anything for me. Even though they help me in the shower they give me a towel to (protect my dignity). Privacy is guaranteed". Another person said "They always respect my privacy they always make sure the bathroom door is closed. When I ask for anything they help". A relative we spoke with told us "When I have been here during their visit I notice that they always ask permission before they help either mum or dad with anything. I have not got any problems with the way they deal with my parents".

We asked staff how they promoted people's dignity and respect. Staff comments included; "I treat people the same way as I would treat my grandparents. It goes right back to the basics and treating people as individuals", "We close doors and windows and make sure people have the private space they need", "Dignity can even involve the way in which you prepare someone's meal, for example taking the time to make sure it is presentable" and "We cover people up and make sure curtains are closed. If it's a family home then doors need to be shut".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us "It prepares people for what's going to happen. It keeps them safe and us safe". Another staff member said "If you don't let people know what's happening then they could react negatively, it helps people relax. Communication is key to people's wellbeing".

People told us they felt involved in their care. One person told us; "Someone from the office came and asked me all the question and we discussed what help I needed and what I would like done". Another person said "Care plan is in my folder, agreed with the office what days and times the carer would come". A relative told us "(Staff) from the office came and discussed the care that dad needed. Mum very much involved in the discussion as she had previously been the main carer".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting peoples independence. One staff member told us, "Independence keeps you active. If people remain independent then people don't just give in". Another staff member said "By encouraging people to do what they can for themselves keeps them in their own homes for longer and

that's what people want".

People's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it. One person we spoke with told us "I like to be as independent as possible and they don't rush me. They always tell me they love coming to see me".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. One person we spoke with told us "I have every confidence in my carer. They are very professional. They have never discussed any of their other clients with me". Another person said "Yes definitely, there is never a mention of any of their other clients". A relative told us "I don't think they disclose anything. I have never heard them talk about any of the other people they visit".

## Is the service responsive?

### Our findings

Most people's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records described their personal care routine and the importance of staff following this routine.

One person's care record stated they had been admitted to hospital following a health concern. During this person's stay in hospital their needs had changed in relation to their mobility and ongoing care needs. However, the person had been discharged from hospital for five days and the service had not taken the appropriate action to ensure that a re-assessment of the person's needs had been carried out. We could not be sure this person's care record was accurate and up to date. Staff told us that the service was contacted prior to the person's discharge, however there was no evidence that the service had considered whether or not the care needs of this person could be met prior to the person's care recommencing. The guidance for staff on how to support this person effectively was also outdated. For example the person's care records included guidance on the use of walking aids when in fact the person no longer independently mobile. We raised this immediately with the provider and the service manager. The service manager took appropriate action in visiting this person and reassessing their needs.

Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included how people liked to have their hot drinks, personal care preferences and people that were important to them.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about a person's family, people that were important to them, their favourite books and authors. The information shared with us matched the information in the person's care file.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. There was evidence that the majority of care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person told us, "Yes, everything is clearly set out and explained so that there is no misunderstanding".

People told us the service was responsive to their changing needs. One person we spoke with told us "Always adaptable at changing visits times when I was going to classes". We saw evidence of how the service had responded to changing needs in relation to a person's mobility. We spoke with this person's relative and they told us "Hospital OT and Amber arranged (change in mobility need) together. No delays".

People told us and records confirmed that the service sought people's views and opinions through twice yearly satisfaction surveys and three monthly telephone surveys. Comments included "The annual Christmas survey covering general questions about the carer, ways to improve and any complaints", "I

always complete and send back the survey. Get it once or twice a year" and "Had a general survey about my needs and how staff were conducting themselves". A relative told us "We get a call from the office asking how things were going with the carers". We noted that the results from the recent satisfactory surveys were positive.

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within peoples care records. Records showed there had been seven complaints since the last inspection and these had been dealt with in line with the providers. One person we spoke with told "I made a complaint and they apologised and dealt with it".

## Is the service well-led?

### Our findings

The systems in place to monitor the quality of the service were not always effective. For example the provider was unaware of the concerns that we identified on the day of the inspection in relation to peoples risk assessments.

We were informed that accidents and incidents were recorded and that these were utilised to identify trends and patterns which would support the provider in improving the delivery of the service and peoples care. We looked at accidents and incidents and identified that these records only included accidents and incidents that had taken place in 2017.

On the first day of our inspection we were informed that the accidents and incidents for 2016 had been archived. The provider agreed to present these documents to us on the second day of our inspection. However we were informed on the second day that these documents could not be found.

We also noted three incidents in relation to a person's health and wellbeing that had not been identified and recorded in line with the provider's accident and incident policy.

Due to the absence of records and the inconsistencies in relation to accident and incident reporting and a robust quality monitoring system we could not be satisfied that the provider had an effective system in place to enable them to improve the quality of the service and peoples care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some systems in place to assess the quality of the service. They told us that audits were conducted which included people's care records and the overall day to day management of the service. We were shown one recent audit that had been carried out on MAR charts. The management team identified inconsistencies in peoples MAR charts and addressed these inconsistencies with staff members

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, following our inspection we were sent evidence that the provider was taking steps to apply to be the registered manager.

People and their relatives spoke positively about the provider and the service. One person told us "My contact person at the office is [staff] and always deals with any queries I have effectively". Another person said "I would say it's a good service, it works for me". A relative we spoke with told us "It appears to be a professionally run service".

Staff spoke positively about the provider and the service. "I have felt really supported by [care coordinator]",

"[Care coordinator] is always there if you need her, she always listens. In fact they are both fantastic", "We all work really well as a team" and "The management are good, if we have a problem then they sort it out".

The provider told us their visions and values for the service were, "Above all; honesty, integrity and commitment to the needs of the clients, in that we push to ensure their rights are constantly promoted" and "Commitment to learning and improvement". Staff we spoke with shared these visions and values.

Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "The meetings keep everyone up to date with what's going on".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us "I would be confident to take action to make sure people were safe".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The provider of the service had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and local authority commissioners of the service.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not always take reasonable steps to mitigate the risks associated with peoples care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to monitor the quality of the service were not always effective.</p>